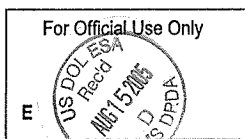


COPY

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8274</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>ROY</u> <u>A</u> <u>HEINE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>700 E. MAIN ST</u> City <u>SOUTH ELGIN</u> State <u>ILL</u> ZIP Code + 4 <u>60179</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS + PIPE FITERS LU. 501</u> Labor Organization File Number <u>540949</u> P.O. Box, Building and Room Number, if any _____ Street <u>1295 BUTTERFIELD RD.</u> City <u>AURORA.</u> State <u>ILL</u> ZIP Code + 4 <u>60502</u>
5. Position in labor organization. <u>SERGEANT AT ARMS.</u> 8879	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Roy A. Heine

On 08/04/05 847-289-8641
Date Telephone Number

This represents my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.

Date: 08/04/05

Signature: Roy A. Heine

Print Name: ROY A. HEINE